

## Notes of Waterfront and Solent Patients Participation Group Open Meeting

Thursday 19 April 2018

Chairman - Colin Bell

Speakers – Dr Simon Sherwin and Dr Andy Hoyle

**Welcome.** Colin Bell extended a warm welcome to patients from the practice and commented on how gratifying it was to see so many attendees. The Open Meetings could not be held without the support of our dedicated professional staff, who had already spent a long day working at the surgery. He reminded everyone about the evening's raffle and requested tombola prizes for the Flu Clinic later in the year.

**Surgery Extension.** Dr Sherwin said that it was an exciting time at the practice, now the building extension was underway. He highlighted the growth in patient numbers from 3700 in 2004 to 7403 at the end of March 2018. These numbers were likely to grow further with the practice being unable to limit new patients or close the lists. Extra space was urgently required to cope with increased numbers of doctors and nurses dealing with this increasing number of patients.

### The Problems

A big increase in patients

Ageing patients

More complex needs of patients

High numbers of GP vacancies and reduced numbers of available GPs

**The Solution.** Creative solutions involving extending the building, working as a GP Trainer practice and greater use of highly trained qualified practitioners such as Advanced Nurse Practitioners were all being deployed. Plans for an extension had been prepared in 2017 and when NHS England offered Development Funding, application was made successfully for 66% of the cost. The partners have funded the remainder and with plans ready on the shelf and a successful, albeit delayed, planning permission agreed, work started a few weeks ago. Completion is expected by the end of May/beginning of June. Two new consulting rooms will then be available, together with a meeting/multi-purpose room upstairs. These facilities and additional staff are expected to greatly ease current difficulties.

**GP Trainer.** Dr Hoyle spoke about Waterfront and Solent becoming a training practice which will introduce a succession of GP Registrars. They are fully qualified doctors but need to complete their training by working, under supervision, as GPs. Dr Hoyle is now a GP Trainer and would work as the main mentor to the Registrars. Initially, patient appointments with the Registrars would require the presence of another doctor but as their training progressed, this would not be necessary. They would continue to be closely monitored and assessed on their performance and ability. The whole

practice would be involved in the training process and feedback from patients requested as appropriate.

### **Positives**

All Registrars would be fully qualified doctors available to the work of the practice

They would often have specialist skills useful to the practice

They would have recent experience in secondary care

They would offer enthusiasm and form a potential future workforce

### **What Can Patients expect**

Offered an appointment with a GP Registrar

Second opinions may be sought during consultations

Possible video recording of consultations, with the patient's permission

Requests for feedback on the Registrar

Wessex Educational Trust fund this process and practices have no part in selecting the Registrars. The placement would be for about 18 months after which time, they would be free to leave. However, it was hoped that these fully trained GPs would then be more likely to work at the practice in future as locums.

**Advanced Nurse Practitioner (ANP).** Nurse Claire Sweetman was unwell so Dr Sherwin spoke about her and other ANPs' roles. However, he would not be able to address the question of ANP training. ANPs are highly skilled and reduce the burden on GPs so that the latter are able to deal with more complex cases. The ANP's role includes:

A comprehensive and sophisticated physical and mental health assessment of patients with complex multiple needs, particularly when they are in crisis.

Interpret the results to make a diagnosis and plan and deliver care accordingly.

Prescribe and work with patients to manage medicines, including repeat prescriptions.

Manage chronic diseases.

ANPs **cannot** provide care to pregnant women or sign Sick Notes.

Access to ANP appointments at the surgery are through the Skilled Appointments Consultants (Reception staff) who are trained to ask questions so that the patient sees the appropriate staff member. Some complaints have been made about this questioning but Dr Sherwin emphasised that this was essential to make appropriate correct use of staff and should not be regarded as intrusive. It was envisaged that a second ANP would be appointed at some stage.

A short break followed during which the raffle was drawn. A total of £78 for PPG funds was raised.

**Questions.** Pre-submitted questions from patients were answered.

**Flu Clinic.** Dr Sherwin explained that having flu vaccine injections from a pharmacist would result in loss of income for the practice. The NHS paid practices for giving flu jabs so it was important to share this information with friends and family so as to maximise the practice funding.

**Changes in Data Protection Rules.** Dr Sherwin said that the changes would not affect storage of patient records but no advice was yet available from the NHS on data sharing.

**GP Trainer Work.** Dr Hoyle agreed that, initially, the total number of patients seen by doctors would be affected by working with the GP Registrar under training but as the training progressed, numbers would increase. Overall, there would be a net gain.

**GP Appointments.** Appointments were still a difficult area and Dr Sherwin explained how available appointments were released to the web site. Slots were released through the day in order to protect some appointments and others were protected and only available for booking through Reception to allow for urgent cases. The Government had instructed that all practices should offer online booking of appointments but that of course, disadvantaged those who did not use the internet. The practice was unable to run a personal list where patients could always see their preferred GP but Dr Sherwin stressed that full patient records were available to all staff.

**Just In Case Medications.** Dr Hoyle explained the concept and when they were used. It was self-explanatory and used in certain situations including an epi pen for those in danger of allergic reactions and antibiotics/steroids for COPD sufferers.

**Vote of Thanks.** Gordon Hammond thanked the doctors for giving up their time for the meeting. He was certain that everyone had learned something new and of use.

Jill Tomlin

PPG Secretary